

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **13915**
453

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>4200</u>		Registrar's No. <u>453</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ash Grove, Mo. R.R.1</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ash Grove, Missouri R.R.1</u>		d. STREET ADDRESS (If rural, give location) <u>0390</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Residence of Dr. Barber's office</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROGER</u>		b. (Middle) <u>DALE</u>		c. (Last) <u>COLLINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 7 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>		8. DATE OF BIRTH <u>Jan. 17, 1953</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>3</u> Days <u>20</u> IF UNDER 12 HRS. Mln. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ash Grove, Mo. R.R.1</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frank Hollis Collins</u>		13b. MOTHER'S MAIDEN NAME <u>Virgie Ruth Morelock</u>		14. NAME OF HUSBAND OR WIFE <u>Infant</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Collins,</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diarrhea</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Probably definitely in feeding</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>near 4 months of age</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5710</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4 PM 7, 1953</u> , to <u>Dead on arrival at my office</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:15 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. P. Barber M.D.</u> (Degree or title)				23b. ADDRESS <u>Walnut Grove Mo.</u>		23c. DATE SIGNED <u>4-7-53</u>	
24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>		24b. DATE <u>5-9-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Williamson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Walnut Grove Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-7-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson Reg.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brum - Daniel Walnut Grove Mo.</u>		ADDRESS _____	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

390
3

FILED 1648
MAY 11 1953

No. 200
10.48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.